

Board of Chiropractic Examiners
 2525 Natomas Park Drive, Suite 260
 Sacramento, CA 95833
 (916) 263-5355
 FAX (916) 263-5369



Quarterly Probation Report

INSTRUCTIONS: Please print or type. All blanks must be completed; if not applicable enter N/A. If more space is needed, use the reverse side or attach additional sheets. The reports are due on a quarterly calendar year by the 10th of the month following the quarter. For example: the report for the quarter of April/May/June is due to the Board by July 10th. The reports are due for the entire duration of your probation. Please do not fax copies, as they will not be accepted, an original signature is required.

California License No.: DC-		Months covered for this quarter (circle appropriate one): January/February/March		
		April/May/June	July/August/September	October/November/December
Name:	First	Middle	Last	Aliases
Home Address:	Number & Street	City	State	Zip ()
Employer or Name of Practice:				
Address:	Number & Street	City	State	Zip ()
Indicate the number of hours you work:		What is your work schedule?		
Per week	Per month			
Generally describe your duties and responsibilities:				
Describe how you remain current with laws and regulations governing the practice of chiropractic:				
Provide the titles of continuing education courses you have completed for this quarter:				
Since the last quarterly report, have you been arrested, charged, or convicted of any violation of:				
1. Federal or State statute, county or city ordinance?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Federal or State provision of law pertaining to the furnishing or using of narcotics or dangerous drugs?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3. Complied with each and every condition of the terms of this probation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Explain any YES answer to questions 1 or 2 and any NO answer to question 3 on the reverse.				
I hereby certify under penalty of perjury under the laws of the State of California that all statements given herein are true and correct.				
Please return this completed form to the address shown above to the attention of:		Original Signature		
Enforcement Unit Probation Monitor		Date		